

## Agricultural Conversion Mitigation Fee (ACMF) Program Grant Application Form

Submit to:  
City of Carlsbad  
Planning Division  
Attn: Pam Drew, Associate Planner  
1635 Faraday Avenue  
Carlsbad, CA, 92008

### FOR STAFF USE ONLY

Project Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Project Name: \_\_\_\_\_  
\_\_\_\_\_

### Submittal Formatting Requirements

All submittals must be typed on 8 ½ x 11 sized paper (drawing exhibits may be larger), and applicants must provide twelve (12) full sets of all documents submitted. In addition to the materials required below, applicants must also provide a one-page summary of the proposed project. All documents submitted become the property of the City of Carlsbad. In addition to the written application, project proponents may be asked to make a presentation to the Committee.

Please complete the following application using the guidance provided on the "Application Instructions" sheet. Applicants may attach additional pages, subject to the "Submittal Formatting Requirements," above.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Contact 1) \_\_\_\_\_

*name*

*phone*

Contact 2) \_\_\_\_\_

*name*

*phone*

Please note: Successful applicants will be required to provide a Federal Tax ID Number or Social Security Number before any grant funds are released.

Total Amount of Grant Request: \$ \_\_\_\_\_

## I. ELIGIBILITY REQUIREMENTS

Projects MUST implement one of the four categories below to be eligible for a grant from the ACMF fund. Please contact Associate Planner Pam Drew at the City of Carlsbad (760-602-4644 or [pam.drew@carlsbadca.gov](mailto:pam.drew@carlsbadca.gov)) for further information.

Please indicate which of the following four categories the proposed project would implement:

	Yes	No
a) Restoration of the coastal and lagoon environment including but not limited to acquisition, management and/or restoration involving wildlife habitat or open space Preservation;	<input type="checkbox"/>	<input type="checkbox"/>
b) Purchase and improvement of agricultural lands for continued agricultural production, or for the provision of research activities or ancillary uses necessary for the continued production of agriculture and/or aquaculture in the city's coastal zone, including, but not limited to, farm worker housing;	<input type="checkbox"/>	<input type="checkbox"/>
c) Restoration of beaches for public use including, but not limited to local and regional sand replenishment programs, vertical and lateral beach access improvements, trails, and other beach-related improvements that enhance accessibility, and/or public use of beaches;	<input type="checkbox"/>	<input type="checkbox"/>
d) Improvements to existing or proposed lagoon nature centers.	<input type="checkbox"/>	<input type="checkbox"/>

## II. PROJECT DESCRIPTION, SCOPE, AND BENEFITS

1. Describe the proposed project. The description should a) provide sufficient detail for a clear understanding of the proposed project; b) include clear intended outcomes of the project; and, c) specifically address how the project satisfies the eligibility requirement(s). (Please attach separately; maximum 3 typed 8 ½ x 11 pages plus drawings)

---

2. How will the project benefit the citizens of the City of Carlsbad? \_\_\_\_\_

---

---

---

---

### III. PROJECT FEASIBILITY AND PLANNING

3. What permits/approvals (federal, state, local, other) will the project require? \_\_\_\_\_

---

---

---

4. What is the time line for implementation of the project? \_\_\_\_\_

---

---

---

5. How will the project be implemented? Identify specific milestones that would be used to measure progress of project implementation and who will be responsible for implementation. \_\_\_\_\_

---

---

---

### IV. APPLICANT INFORMATION AND EXPERIENCE:

Individual applicants, please complete items 6 and 10 in this section (Section IV).

Organization/Agency applicants, please complete all items in this section.

6. This applicant is a (an):

☐

Individual

☐

Organization (Non-Profit)

☐

Organization (For Profit)

☐

Public Agency (State/Local)

☐

Other

---

7. a. Years in Business: \_\_\_\_\_

b. Number of Employees: \_\_\_\_\_

c. Number of Volunteers: \_\_\_\_\_

NOTE: If the applicant is an organization/agency an organizational chart is also required for submittal.

8. Names of Officers and Board of Directors:

Name:

---

---

---

---

---

---

Title:

---

---

---

---

---

---

9. What is the purpose or mission of your agency/organization? \_\_\_\_\_

---

---

---

---

10. Describe applicant's experience in the project area. \_\_\_\_\_

---

---

---

---

#### V. FINANCIAL RESOURCES/BUDGET

**All applicants must attach a budget and a proposed funding schedule for the proposed project. After a grant has been awarded and prior to distribution of grant funds, the financial condition of an agency/organization will be evaluated through submittal of either an audited financial statement (encouraged/preferred); a reviewed financial statement; an IRS-990 tax return; or other evidence of financial condition as agreed upon by the city. All applicants are encouraged, but not required, to submit this documentation at the time of application submittal.**

11. If other resources/funding will be used, please describe all funding you have already secured or anticipate securing for the proposed project, and identify the amount, type, status, and source(s) of all such funds. Please indicate if no other resources/funding will be used.

---

---

---

---

12. Describe any previous city funding requested or received (for any project) in the past five years. \_\_\_\_\_

---

---

---

---

## VI. GENERAL COMMENTS/INFORMATION

13. Is there anything else you wish to make the Committee and City Council aware of regarding yourself, your organization, or your proposed project? \_\_\_\_\_

---

---

---

---

---

## VII. DISCLOSURES/REQUIREMENTS/CERTIFICATION

### Disclosures:

These grants may be used in combination with funding from other sources or may be used for projects for which other funds are not available. Project proponents must submit a written application. Project proponents may also be asked to make a presentation to the Committee. The Agricultural Conversion Mitigation Fee Committee will review project proposals and will recommend to the City Council those projects selected for funding. Final approval of funding will require City Council approval. This grant opportunity may or may not be available annually or after the first year, depending upon the number of meritorious proposals, the amount of funds available, and the amount of funds ultimately awarded by City Council. Projects approved for funding in the first year have no expressed or implied guarantee for future funding. The full amount of the available funds may not be disbursed if there are not sufficient meritorious applications. These grants will not be awarded on a first-come/first-serve basis but will be considered according to specific criteria. Any project that is awarded funds will be required to meet agreed-upon milestones. Failure to satisfy the agreed-upon milestones will result in project reconsideration and possible cessation of funding. All documents submitted become the property of the City of Carlsbad.

I/we understand the information above:

Yes ☐ No ☐

### Reporting Requirements:

Grant recipients will be required to file with the city a report on how the funds were spent annually, or when funds are spent, or at other agreed upon intervals (e.g., upon achievement of a milestone), whichever comes first. Proof of project expenses (i.e., receipts) are required to be held for at least two years (or longer if so specified in the Grant Funding Agreement), during which time the city reserves the right to audit the records.

I/we agree to adhere to the funding and reporting requirements described above:

Yes ☐ No ☐

**Other Requirements**

Grant recipients will be required to recognize on all printed material that the project is funded fully or in part by the City of Carlsbad.

**Certification:**

We, the undersigned, do hereby attest that the above information is true and correct to the best of our knowledge. **(Two signatures required)**

_____	_____	_____
Signature	Title	Date

_____	_____	_____
Signature	Title	Date

---

**INSTRUCTIONS AND APPLICATIONS FORM FEEDBACK**

The Committee's intent is to make the application instructions and application form easy to understand and complete. Therefore, we would appreciate you taking a few moments to provide feedback on both. If there were instructions or questions that were confusing or difficult to complete, please identify those areas on a separate sheet of paper and provide any suggestions you may have. Suggestions and comments will be utilized to improve the function and efficiency of future programs. Feedback regarding this process will not be reviewed as part of the grant proposal consideration process and will in no way impact project eligibility or consideration.